



**Drug Name:** Entresto (sacubitril/valsartan)

**Effective Date:** 03/2018

**Revised Date:** 5/3/19, 4/2020, 2/2021, 5/2021, 5/2022, 5/2023

<b>Drug Name: Entresto (sacubitril/valsartan)</b>	
<b>Required Medical Information:</b>	<ul style="list-style-type: none"><li>• Member is diagnosed with chronic heart failure (New York Heart Association (NYHA) Class II, III or IV) and has reduced left ventricular ejection fraction (LVEF) less than or equal to 40 %; OR</li><li>• The requested drug is being prescribed for the treatment of symptomatic heart failure with systemic left ventricular dysfunction in a pediatric patient one year of age or older; AND</li><li>• The drug is being prescribed by or in consultation with a cardiologist or a specialist in cardiac care.</li></ul>
<b>Coverage duration:</b>	12 months